

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097529948		FILING DATE			
APPLICANT(S)						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51					
2	1					52					
3	1					53					
4	1					54					
5	1					55					
6	1					56					
7	1					57					
8	1					58					
9	1					59					
10	1					60					
11	2					61					
12	1					62					
13	1					63					
14	1					64					
15	1					65					
16	1					66					
17	1					67					
18	1					68					
19	1					69					
20	1					70					
21	1					71					
22	1					72					
23	2					73					
24	2					74					
25	2					75					
26	2					76					
27	2					77					
28	2					78					
29	2					79					
30	2					80					
31	1					81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3					TOTAL IND.					
TOTAL DEP.	32					TOTAL DEP.					
TOTAL CLAIMS	35					TOTAL CLAIMS					